

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155471		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 10/01/2012	
NAME OF PROVIDER OR SUPPLIER  FOUR SEASONS RETIREMENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR RD COLUMBUS, IN 47203			
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/01/12</p> <p>Facility Number: 000543 Provider Number: 155471 AIM Number: NA</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Four Seasons Retirement Center was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a</p>		K0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>capacity of 88 and had a census of 62 at the time of this survey.</p> <p>All areas where residents have cutomary access were sprinklered. All areas which provide facility services were sprinklered except for the garage used for facility storage which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/11/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requiremments as evidenced by the following:</p>						

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K0021 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 6 sets of smoke barrier doors were held open only by a device which allows it to close when the fire alarm is activated. This deficient practice could affect 12 residents on West hall as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 10/01/12 at 12:30 p.m. with the Maintenance Supervisor, the smoke barrier doors on northwest hall which swung in the same direction, were not equipped with an astragal or a coordinator, however when the doors attempted to close they would collide in the middle where they meet preventing one door from fully closing. Based on interview on 10/01/12 at 12:33</p>			K0021	<p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement, that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review. Plan of Correction for K021, smoke barrier doors Corrective actions taken. The smoke barrier doors on the northwest hall will be adjusted so that they no longer collide on closing, rather they will close fully and properly.</p>		10/31/2012

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	p.m. with the Maintenance Supervisor, it was acknowledged the aforementioned set of smoke doors which swung in the same direction would not close completely because the doors were out of adjustment and collided with one another preventing full closure.  3.1-19(b)			Measures or systemic changes to prevent recurrence. All smoke barrier doors at Four Seasons will be checked for proper operation. A fire door check will be placed in the preventative maintenance program, and will be performed monthly. Maintenance staff will be in-serviced on preventative maintenance for the fire doors at Four Seasons (attachment E). Monitoring corrective actions to prevent recurrence. To monitor corrective actions, the preventative maintenance checklist for monitoring and tracking of fire door checks will be reviewed at quarterly Quality Assurance and Risk Management meetings (attachments A and B). Completion of systemic changes. These changes will be completed and implemented by October 31, 2012.			

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K0038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 4 exit doors with electromagnetic locks remained unlocked until the fire alarm system was reset. LSC 19.2.1 requires every aisle, passageway, corridor, exit discharge, exit location, and access to be in accordance with Chapter 7. LSC 7.2.1.6.2(d) requires activation of the building fire protective signaling system, if provided, shall automatically unlock the doors in the direction of egress, and the doors shall remain unlocked until the fire protective signaling system has been manually reset. This deficient practice could affect 12 residents on West hall as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 10/01/12 at 2:50 p.m. during a fire alarm test with the Maintenance Supervisor, the electromagnetic lock in the Rehabilitation Center exit on West hall released upon activation of the fire alarm system, but when the exit was approached with a wander guard band the exit relocked. Based on interview on 10/01/12 at 2:55 p.m., it was acknowledged by the</p>			K0038	<p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement, that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review.</p> <p>Plan of Correction for K038, exit access</p> <p>Corrective actions taken. 1) The operation of the exit door in the Health Center on West Hall at the Therapy Gym will be corrected so that it will unlock in the direction of egress when the fire alarm system is activated, and so that it will remain unlocked until the fire alarm system has been manually reset -- even when the exit is approached by any "wander guard" device. Repairs are being undertaken by Four Seasons' licensed electrical and fire system vendors (attachments D and G). 2) All obstructions and impediments to exit at the Health Center exits, from</p>		10/31/2012

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	<p>Maintenance Supervisor the aforementioned exit door equipped with electromagnetic locks unlocked when the fire alarm system was activated, but relocked when approached with a wander guard band.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to maintain exit discharge for 1 of 7 exits so no obstructions blocked passage from the exit to a public way. LSC 7.1.10 requires means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of Fire or other emergency. This deficient practice could affect 12 residents on West hall as well as staff or visitors using the exit.</p> <p>Findings include:</p> <p>Based on observation on 10/01/12 at 2:15 p.m. with the Maintenance Supervisor, the Rehabilitation center exit discharge was blocked by a six foot long cement parking block five feet from the building exit. Based on interview on 10/01/12 at 2:17 p.m. with the Maintenance Supervisor it was acknowledged the cement parking block was moved from its original position to in front of the exit to</p>			<p>the exits to the public way, will be removed. In particular, the cement parking block near the exit at the Therapy Gym will be removed from that exit pathway.</p> <p>Measures or systemic changes to prevent recurrence. 1) All exit doors at Four Seasons will be tested and checked by facility staff for proper operation. Wander guard devices will be used during testing to be sure that these devices do not cause exit doors to lock before the fire alarm system has been manually reset. This testing will be performed monthly, in rotation. Staff will be in-serviced on these new preventive maintenance processes (attachments C and E). 2) Monthly inspections and checks of all Health Center exits will be performed to ensure that exits remain free of obstructions and impediments. Monitoring corrective actions to prevent recurrence. To monitor these corrective actions and systemic changes, the preventive maintenance checklist will be reviewed at quarterly Quality Assurance and Risk Management meetings (attachment A). Completion of systemic changes. These actions and changes will be completed and implemented by October 31, 2012.</p>			

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	<p>permit access to the grass lawn beyond the parking lot so there would be an open pathway for the riding mower.</p> <p>3.1-19(b)</p>						

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K0046 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 exits were provided with emergency powered illumination. LSC 7.9.1 says the exit discharge shall include only designated stairs, aisles, walkways leading to a public way. LSC 7-9.2 requires emergency lighting shall be provided for not less than 1 1/2 hours arranged to provide not less than an average of 1 foot candle, and not less than 0.1 foot candles, measured along the path of egress at floor level. This deficient practice could affect 12 residents on West hall as well as visitors and staff evacuating the facility during a power outage at night.</p> <p>Findings include:</p> <p>Based on observation on 10/01/12 at 3:36 p.m. with the Maintenance Supervisor, the Rehabilitation center exit had no outside lights on generator power. Based on interview on 10/01/12 at 3:39 p.m. with the Maintenance Supervisor, it was acknowledged the Rehabilitation center exit had outside lights on facility power only and they were not connected to the emergency generator, so in the event of a power outage there would be no outside</p>		K0046	<p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement, that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review.</p> <p>Plan of Correction for K046, emergency lighting Corrective actions taken. Emergency powered illumination and outside lighting at all exits from the Health Center will be connected to the facility's emergency generator so that outside emergency lighting will be provided, even in the event of a power outage (attachment F). Measures or systemic changes to prevent recurrence. Facility staff will test and check the operation of the emergency outside lighting. Monitoring corrective actions to prevent recurrence. . To monitor these corrective actions and systemic changes, the preventive</p>		10/31/2012	



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	lighting provided for the Rehabilitation center exit. The Maintenance Supervisor also said he was reluctant to transfer power at this time to demonstrate the outside light was not on generator power.  3.1-19(b)			maintenance checklist will be reviewed at quarterly Quality Assurance and Risk Management meetings (attachment A). Completion of systemic changes. These actions and changes will be completed and implemented by October 31, 2012.			

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K0143 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 switches were positioned five feet above the floor in the oxygen storage room on East hall where oxygen transfer occurs. NFPA 99, 1999 Edition Standard for Health Care Facilities, Section 8-3.1.11.2(f) requires electrical fixtures in oxygen storage locations shall meet 4-3.1.1.2(a)11(d) which requires ordinary electrical wall fixtures in supply rooms shall be installed in fixed locations not less than 5 feet above the floor to avoid physical damage. This deficient practice could affect an 3 residents observed on the Main dining room next to the oxygen room on East hall as well as visitors and staff.</p> <p>Findings include:</p>			K0143	<p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement, that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review. Plan of Correction for K143, oxygen storage and transferring Corrective actions taken. The electrical switch on the north wall inside the oxygen storage and</p>		10/31/2012

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	<p>Based on observation on 10/01/12 at 1:59 p.m. with the Maintenance Supervisor, there was one electrical switch installed inside the oxygen room on the north wall located four feet above the floor. Based on interview on 10/01/12 at 2:02 p.m. with the Maintenance Supervisor, it was acknowledged the electrical wall fixture in the oxygen storage room used for oxygen transfer was located less than five feet above the floor.</p> <p>3.1-19(b)</p>			<p>transfer room will be relocated such that it is at least five feet above the floor. This work was performed on October 6 (attachment G). Measures or systemic changes to prevent recurrence. All electrical switches in the oxygen storage and transfer room will be checked and measured to be sure that they are at least five feet above the floor. Monitoring corrective actions to prevent recurrence. The facility will monitor these corrective actions to prevent a recurrence. Completion of systemic changes. These actions and changes will be completed and implemented by October 31, 2012.</p>			

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K0147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 extension cords were not used as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice would affect 12 residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 10/01/12 at 1:00 p.m.. with the Maintenance Supervisor, there were two extension cords in the Mechanical room on West hall plugged into an outlet in the room and extended up into the attic to provide power for two heating tapes connected to condensation units. Based on interview on 10/01/12 at 1:10 p.m. with the Maintenance Supervisor, it was acknowledged there were no outlets available in the attic and the heating tapes received power from two extension cords plugged into outlets</p>		K0147	<p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement, that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review. Plan of Correction for K147, electrical wiring Corrective actions taken. The two extension cords that have supplied electricity to the heating tapes on the attic condensation units above West Hall in the Health Center will be removed. As the heating tapes will continue to be used, a professional, licensed electrician will be contracted to provide fixed wiring in close proximity (attachment G). Measures or systemic changes to prevent recurrence. All attic-based electrical devices (heating tapes and any other devices) will be checked to be sure that they are supplied directly by fixed wiring,</p>		10/31/2012	

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	in the Mechanical room on West hall.  3.1-19(b)			and that flexible cords and cables are not being used. Maintenance staff will perform this check and report to the next quarterly Quality Assurance and Risk Management meeting. Monitoring corrective actions to prevent recurrence. The facility will monitor these corrective actions to prevent a recurrence. Completion of systemic changes. These actions and changes will be completed and implemented by October 31, 2012.			